

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

140

Primary Registration District No.

3024

Registrar's No.

85

STATE FILE NUMBER  
63-032076

FILED AUG 28 1963

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Mo.		Length of stay in 1b 7 months	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rhodes Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GRETRUDE IRENE CLIGENPEEL		4. DATE OF DEATH Month Day Year AUG. 7, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/9/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretarial Work		10b. KIND OF BUSINESS OR INDUSTRY K. C. Testing Lab. Delphois Kan	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lorenzo Dow Cligenpeel		13b. MOTHER'S MAIDEN NAME Mary Florence Allen	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No.	
16. SOCIAL SECURITY NO. 17		17. INFORMANT Address C. A. Cligenpeel, Fayette, Mo.	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized arteriosclerosis</i> DUE TO (b) <i>Parkinsons Syndrome</i> DUE TO (c) <i>2 yrs.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 1, 1958 to Aug 7-63 and last saw her alive on Aug 6-63. Death occurred 12:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Shaw M.D.		22b. ADDRESS Fayette Mo.	
22c. DATE SIGNED 8-9-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8/10/1963		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town, or county) Fayette, Missouri		24. FUNERAL DIRECTOR Ralph A. Carr	
24. ADDRESS Fayette, Mo.		25. DATE RECD. BY LOCAL REG. 8-9-63	
26. REGISTRAR'S SIGNATURE Katherine Welch			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William E. Krebs

Licensed Embalmer No. 4870

P.O. Address Fayette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 8-9-63